

088/02319

#13

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Amir LOSHAKOVE et al.
Serial Number: 09/936,789
Filing Date: September 17, 2001
For: Vascular Closure Device
Art Unit: 3731
Examiner: JACKSON, GARY

RECEIVED

APR 29 2003

OFFICE OF PETITIONS

Box 313(b)
Commissioner of Patents and Trademarks
Washington DC 20231

**PETITION UNDER 37 C.F.R. §1.313(c)(2)
FOR WITHDRAWAL FROM ISSUE**

Sir:

Applicants hereby petition the Commissioner under 37 C.F.R. §1.313(c)(2) to withdraw the above-referenced application from issuance, in order to consider a Request for Continued Examination (RCE) and Information Disclosure Statement filed herewith. The Information Disclosure Statement cites art from the Office Action dated March 12, 2003 of U.S. parent case No. 09/701,523.

A Petition Fee of \$130.00 is submitted by deposit account authorization on the attached transmittal form.

Prompt consideration of the Petition is respectfully requested.

04/30/2003 CKHLOK

00000012 033419 09936789

01 FC:1460
02 FC:2801

130.00 CH
375.00 CH

Respectfully submitted,
Amir LOSHAKOVE, et al.



Maier Fenster, Reg. No. 41,016

April 28, 2003
William H. Dippert, Esq.
Reed Smith LLP
599 Lexington Avenue, 29th Floor
New York, NY 10022-7650

Tel: (212) 521-5400

First Class Mail**March 17, 2003****Attorney Ref. No. 501010.20538 (23538.30)****Box: ISSUE FEE****Assistant Commissioner for Patents
Washington, D.C. 20231**

Applicant: Amir Loshakove, et al.
Serial No.: 09/936,789
Filed: September 17, 2001
For: VASCULAR CLOSURE DEVICE

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PTO/SB92 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

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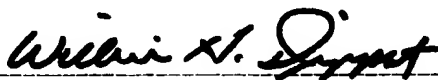
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March 17, 2003

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William H. Dippert
Registration No. 26,723

**Reed Smith LLP
599 Lexington Avenue
29th Floor
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Applicant: Amir Loshakove, et al.
Serial No.: 09/936,789
Filed: September 17, 2001
For: VASCULAR CLOSURE DEVICE
Enclosure: (1) Part B – Fee Transmittal Form (in duplicate); (2) Transmittal Letter (in duplicate);
(3) Letter to Examiner (1 page) with copy of IDS Citation (1 page); (4) Acknowledgement Postcard

Burden Hour Statement: This form is estimated to take 0.03 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U. S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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12/16/2002

WILLIAM H. DIPPERT
REED SMITH LLP
599 LEXINGTON AVENUE
29TH FLOOR
NEW YORK, NY 10022

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WILLIAM H. DIPPERT (Depositor's name)
William H. Dipert (Signature)
MARCH 17, 2003 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/936,789	09/17/2001	Amir Loshakova	088/02319	9495

TITLE OF INVENTION: VASCULAR CLOSURE DEVICE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$400 \$600	\$0	\$400 \$600	03/17/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
JACKSON, GARY	3731	606-216000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/123) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. FENSTER + COMPANY
2. _____
3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

BY-PASS INC.

(B) RESIDENCE (CITY AND STATE OR COUNTRY)

ORANGETOWN, NEW YORK

Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee

☐ Publication Fee

☒ Advance Order - # of Copies 3

4b. Payment of Fee(s):

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Commissioner for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid Issue fee to the application identified above.

(Authorized Signature)

(Date)

REG. 41,016 16. MAR - 03
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This collection of information is required by 37 CFR 1.311. The information is required to obtain or reduce a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.

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Fax (703)746-4000

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CURRENT CORRESPONDENCE ADDRESS (Name; Daytime; Fax; and E-mail; if available)

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12/16/2002

WILLIAM H. DIPPERT
REED SMITH LLP
599 LEXINGTON AVENUE
29TH FLOOR
NEW YORK, NY 10022

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WILLIAM H. DIPPERT (Depositor's name)
William H. Dipert (Signature)
MARCH 17, 2003 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/936,789	09/17/2001	Amir Loshakov	088/02319	9495

TITLE OF INVENTION: VASCULAR CLOSURE DEVICE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$640 \$650	\$0	\$640 \$650	03/17/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
JACKSON, GARY	3731	606-216000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.343).

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☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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 2 _____
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(14) RESIDENCE (CITY AND STATE OR COUNTRY)

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(Authorized Signature)

(Date)

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PTOL-85 (REV. 04-02) Approved for use through 01/31/2004. OMB 0641-0033

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Box Issue Fee

TRANSMITTAL LETTER (General - Patent Pending)			Docket No. 088/02319
In Re Application Of: Amir LOSHAKOVE et al.			
Serial No. 09/936,789	Filing Date September 17, 2001	Examiner JACKSON, GARY	Group Art Unit 3731
Title: VASCULAR CLOSURE DEVICE			
<p style="text-align: center;"><u>TO THE ASSISTANT COMMISSIONER FOR PATENTS:</u></p> <p>Transmitted herewith is:</p> <p>Letter to Examiner (Incl. 1 enclosure)</p> <p>in the above identified application.</p> <p><input checked="" type="checkbox"/> No additional fee is required.</p> <p><input type="checkbox"/> A check in the amount of _____ is attached.</p> <p><input checked="" type="checkbox"/> The Assistant Commissioner is hereby authorized to charge and credit Deposit Account No. 03-3419 as described below. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> Charge the amount of _____</p> <p><input checked="" type="checkbox"/> Credit any overpayment.</p> <p><input checked="" type="checkbox"/> Charge any additional fee required.</p> <p>_____ Signature</p> <p>Dated: March 16, 2003</p> <p>Maier FENSTER, Reg. No. 41,016</p> <p>William H. Dippert, Esq. Reed Smith LLP 599 Lexington Avenue, 29th Floor New York, NY 10022-7650</p> <p>Tel: (212) 521-5400</p> <p>cc:</p> <div style="border: 1px solid black; padding: 5px;"><p>I certify that this document and fee is being deposited on 3-17-03 with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.</p><p style="text-align: center;"> Signature of Person Mailing Correspondence</p><p style="text-align: center;">WILLIAM H. DIPPERT Typed or Printed Name of Person Mailing Correspondence</p></div>			

Box Issue Fee

TRANSMITTAL LETTER (General - Patent Pending)			Docket No. 088/02319
In Re Application Of: Amir LOSHAKOVE et al.			
Serial No. 09/936,789	Filing Date September 17, 2001	Examiner JACKSON, GARY	Group Art Unit 3731
Title: VASCULAR CLOSURE DEVICE			
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<div style="border: 1px solid black; padding: 5px;"><p>I certify that this document and fee is being deposited on <u>3-17-03</u> with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.</p><p style="text-align: center;"> Signature of Person Mailing Correspondence</p><p style="text-align: center;">WILLIAM H. DIPPERT Typed or Printed Name of Person Mailing Correspondence</p></div>			

BOX ISSUE FEE**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Serial Number: 09/936,789
Filed: September 17, 2001
For: Vascular Closure Device
Art Unit: 3731
Examiner: JACKSON, GARY
Docket No.: 088/02319

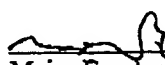
Box ISSUE FEE

Assistant Commissioner of Patents and Trademarks
Washington DC 20231

LETTER TO EXAMINER

Applicants respectfully wish to bring to the Examiner's attention that there is an error in the patent number cited for item 11 on page 1 of a 3 page Form PTO-1449 filed on September 17, 2001 (5,235,447 should be 5,234,447). Applicants are resubmitting a copy of the page containing this item and respectfully request return of an initialed copy of the form and citation of the correct patent number on the face of the patent.

Respectfully submitted,
Amir LOSHAKOVE et al.


Maier Fenster
Reg. No. 41,016

March 16, 2003
William H. Dippert, Esq.
Reed Smith LLP
599 Lexington Avenue, 29th Floor
New York, NY 10022-7650
Tel: (212) 521-5400